

Decrease in medication errors at Dunedin Hospital after iSOFT Medication Management implementation

Results in line with study conducted at St Vincent's Hospital, Sydney

Sydney, 2 February 2011 – Three months after implementation of the iSOFT Medication Management solution (formerly known as MedChart), Dunedin Hospital of Otago on New Zealand's South Island has seen a reduction in medication error and an increase in staff efficiency. In two wards, incorrect or missing information was reduced from 82% down to zero.

Staff support for the electronic prescribing system has been strong, with one charge nurse reported as saying there "would be a riot" if the wards reverted to the old system.

The results at the Dunedin hospital, which introduced the electronic medication chart system on 14 October 2010, are in line with a study presented at the 2010 Health Informatics Conference by Professor Johanna Westbrook, Director of the Centre for Health Systems and Safety Research, University of New South Wales, in August of last year.

Conducted at St Vincent's Hospital Sydney, the study examined the effectiveness of the iSOFT system to reduce medication errors. Overall, prescribing errors were more than halved and incomplete and unclear drug orders were completely eliminated the study found.

St Vincent's started using iSOFT Medication Management in 2005. Roll-out across all inpatient wards was completed in August 2010. From January, the system will be used in intensive care and in theatres. The emergency department and the day procedures centre are the last areas to go live.

The iSOFT system replaces the paper medication charts currently used in most hospitals. It improves staff communication and co-ordination by combining prescribing, clinical pharmacy review and drug administration into a single system. Instead of struggling to update and read handwritten paper charts, staff access electronic patient medication charts at the bedside or remotely via the Internet. The system streamlines pharmacy workflows, facilitates nursing care and gives prescribers drug decision support.

James Rice, Managing Director iSOFT Australia and New Zealand, said improved medication management was a key focus for iSOFT, adding that it should be an integral part of the e-health agenda if Australia and New Zealand are to provide a better quality of care across the health network.

“Medication errors harm thousands of patients every year and consume precious healthcare resources,” Rice said. “On average, each serious medication error adds nearly eight additional hospital days. Instead of treating new patients, resources are diverted to fixing the results of error.

“Dunedin demonstrates how significant improvements in prescribing error rates and staff efficiency can be achieved with iSOFT Medication Management. In addition to Dunedin Hospital and St Vincent’s Sydney, we have recently implemented at Sydney’s new state-of-the-art Macquarie University Hospital, and our first UK site, Pennine Acute Hospitals, the largest non-teaching acute care trust in the NHS England will follow shortly,” he added.

Dr Andrew Bowers, Medical Director of Information Technology at the Southern District Health Board, said the improvements at Dunedin were not just confined to the significant decrease in medication errors. “Nursing staff also spend much less time looking for charts or interpreting illegible handwriting, and now have more time to spend with patients to focus on delivering excellent care,” he said.

The Dunedin Hospital implementation will be closely watched by the Southern District Health Board and the soon to be renamed, national Safe Medication Management Programme (SMMP), where Dr Bowers is the Clinical Leader. SMMP is searching for national solutions to the problem of medication error.

End of release

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